1231108

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING **EXEMPTION**

OMB	APP	PRO	VAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. . . . 16.00

SEC LISE ONLY

Prefix		Serial
DA	TE RECEIV	ED
inge)		
	1	
Section 4	(6)` □ UI	.OE
(Sill community	i i i	
	WITT A	
// //		·r.
Abota M	<u> 1 วิกิกา "</u>	s. * s ,
MARIE W	A. Takiti	And the second

Name of Offering (check	if this is an amendment and name has changed, and indi-	cate change)
NeoVista, Inc Offering of Series A-2 Preferred Stoo	ek	
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☐ Rule 5	06 Section 4(6) ULOE
Type of Filing: New Filing Amen	dment	College Control
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	ет	A Aboto M 7 2000 S. S
Name of Issuer (check if this is an amend	ment and name has changed, and indicate change.)	(0) A1) W - 2003
NeoVista, Inc.		The state of the s
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2750 Premiere Parkway, Suite 200	Duluth, Georgia 30097	678/417-7626
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	same	
Brief Description of Business		
Development of ophthalmic medical equipment.		- ADD ESSED
Type of Business Organization	_	- PRODECT
orporation	limited partnership, already formed	other (please specify):
☐ business trust	☐ limited partnership, to be formed	MAY 07 2003
Actual or Estimated Date of Incorporation or Org Jurisdiction of Incorporation or Organization: (E	Month Year ganization: 1 1 0 2 Enter two-letter U.S. Postal Service abbreviation fo	Actual Estimated FINANCIAL r State: D E
	CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information re	-	•			
 Each promoter of t 	he issuer, if the issuer	uer has been organized within	n the past five years;		
 Each beneficial ow the issuer; 	mer having the pow	ver to vote or dispose, or dire	ct the vote or disposition of, 1	0% or more of a clas	s of equity securities of
 Each general and n 	nanaging partner of	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	. General and/or Managing Partner
Full Name (Last name first, if Waite, Steven	findividual)				
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			
2750 Premiere Parkway, Suite	e 200, Duluth, Georgi	ia 30097			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Wyatt, Gordon	findividual)				
Business or Residence Addre	ss (Number and Stree	et. City, State, Zip Code)			
2750 Premiere Parkway, Suite					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Weldon, Thomas					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
2750 Premiere Parkway, Suite		•			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Larsen, Charles E.					
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
2750 Premiere Parkway, Suite	e 200, Duluth, Georgi	ia 30097			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or
Full Name (Last name first, if	findividual)			Biother 1971 (c)	Managing Partner
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

											•			В.	IN	FC	R	MΑ	ΓIC	ON	AB	OU	T (FFE	RIN	G											
1.		Has	the	issu	er sol	d, c	r do	es th	e ist	suer	inte	nd t	o se	ell, '	to n	on-	acci	redit	ed i	nve	estors	in t	his	offerin	g?											Yes	No ⊠
																								under	-											_	_
2.		Wh	at is	the	minir	nun	ı inv	estm	ient	that						_	-						_								•••••					\$N/A	
2		Dad	41-	er	·		:4:			1	L:	· C -	_:	_1_																						Yes	No
3.					_	_	-				•																							*****	ı	\boxtimes	Ш
4.		rem pers thar	une son 1 fiv	ration or ag	n for ent o	soli f a l	citat oroke	ion c er or	of pu deal	ircha ler ro	asers egist	s in d	con d wi	nec	tior	n wi SE(ith s Car	sales nd/or	of s	sec th a	uritie a state	s in	the state	offerin	g. It the r	indirectly f a persor name of the th the inf	to b	e liste oker o	d is a	in as iler.	ssoc If r	iateo more	d				
Full	Nan	ne (1	Last	nam	e firs	t, if	indi	vidu	al)		-																										***************************************
N/A					•														_												_						
Busi	ness	or:	Res	idenc	e Ad	dres	ss (N	umb	er a	nd S	Stree	t, Ci	ity,	Sta	te,	Zip	Со	de)																			
Nam	e of	Ass	soci	ated 1	Brok	er o	r Dea	aler										-																			
State	c in	13/1-	vich	Darce	on Li	ctod	LLac	Sal	icite		· Inte	-ndc	<u> </u>	501	iait	D	obo	corc	_	_															_		
Jun	_																																		[$\Box \mathbf{A}^{!}$	1 States
[₄	٩L			ΑK			ΑZ			AR			· C					0]			СТ			DE]		[DC]		FL			GA			Н	_		ID]
•	IL	-	-	IN	-	-	IA	•	-	KS	-	•	K		-			- , A]			ME			MD]		[MA]		MI	-	-	MN	-	•	MS	•	•	MO]
[]		•	•	NE	-	•	NV	-		NH		•	[]		-	_		и]		•	NY	•	ſ	NC]		ND]	•	ОН	-	-	OK	-	-	OF	-	-	PA]
[RI]	[SC	1	ſ	SD	1	-	TN	-		[]		-			T]		٠	VT	-	-	VA]		[WA]	_	wv	-	-	WI	-	_	W	-	_	PR]
Full	Nan	ne (1	Last	nam	e firs	t, if	indi	viđu	al)																												
Busi	ness	or :	Res	idenc	e Ad	dre	ss (N	umb	er a	nd S	Stree	t, C	ity,	Sta	te,	Zip	Со	de)					,														
Nam	e of	Ass	soci	ated 1	Brok	er o	r De	aler												_																	
State	s in	Wh	ich	Pers	on Li	sted	Has	Sol	icite	d or	Inte	nds	to	Sol	icit	Pur	cha	sers															—				
		(Ch	eck	"All	State	s" c	r ch	eck i	ndiv	vidu	al St	ates	s)		•••••		••••		· • • • • •								•••••	•••••			••••] A	l States
[.	AL]	[ΑK]	[ΑZ]	[AR	:]	[[C	Ά]	[C	0]		Ε	СТ]	[DE]		[DC]	[FL	}	[GA	.]	ſ	Н	1]	[ID]
[ΙL]	[IN]	[IA]	[KS	3]	[[K	Y]	[L	A]		[ME]	[MD]		[MA]	[MI]	[MN	[]	[M:	S]	[MO]
[]	1T]	[NE]	[NV]	[NH	1]	f	[]	٧J]	[N	М]		[NY]	[NC]		[ND]	[ОН]	[OK]	[OF	₹]	(PA]
[RI]	[SC]	[SD]	[TN	[]	[[]	χ]	[U	T]		[VT]	[VA]		[WA]	[WV]	Į	WI]	[WY	7]	[PR]
Full	Nan	ne (1	Last	nam	e firs	t, if	indi	vidu	al)																												
Busi	ness	or	Res	idenc	e Ad	dre	ss (N	umb	er a	ınd S	Stree	t, C	ity,	Sta	ıte,	Zip	Co	de)		_																	
——Nam	e of	As	soci	ated :	Brok	er o	r De	aler																· · · · · · · · · · · · · · · · · · ·													
_										_				_	_	_	_		_																		
State					on Li State													sers														•••			٢	¬ ₄.	ll States
r			_		_	_		_										י ח		г	CT.	1	r	DE 1		ן די י		E1	1	r	G A	1	1	н			ID]
-	AL IL	-	_	AK IN	_	-	AΖ	_		AR KS			[C					O]			CT ME		_	DE] MD]		[DC] [MA]		FL MI	_	_	GA MN			. п М:	-		MO]
-	ит	-	-	IN NE	-		IA NV			NH			[K [ì					A] M]		-	NY	-		NC]		[MA] [ND]		OH			OK			OF			PA]
	RI		ſ	SC		ľ	SD		t ſ	TN		ı I		ľΧ				vi]			VT			VA]		[WA]		wv			WI			W			PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF		
1.	Enter the aggregate offering price of securities included in this offering and the total number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount
	Type of Security	Offering Price	Already Sold
	Debt	\$ <u> </u>	\$0
	Equity	\$2,387,500(*)	\$_2,387,500(*
	☐ Common ☑ Preferred		
	Convertible Securities (Including warrants)	\$0	\$ 0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify)	\$ 0	\$0
	Total	\$_2,387,500(*)	\$2,387,500(*)
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	→ <u>B1857,1550()</u>
	(*) Includes non-cash consideration for services rendered to the issuer having a value in the amount of \$187,500.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$2,387,500(*)
	Non-accredited Investors	0	\$ <u> </u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ 40,000
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)*	<u>=</u>	\$
	Other Expenses (identify)	ñ	\$
	Cate Zapenses (Identity)	_	\$_40,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$	32,347,500(*)
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.				
			ments to Officers, ctors & Affiliates	Pa	yments To Other
	Salaries and fees		\$	\boxtimes	\$_130,000
	Purchase of real estate		\$		\$
	Purchase, rental or leasing and installation of machinery and equipment		S		\$
	Construction or leasing of plant buildings and facilities		S		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of indebtedness		\$		\$
	Working capital		\$	⊠	\$2,217,500(*)
	Other (specify):				-
			\$		\$
	Column Totals		\$	\boxtimes	\$ <u>2,347,500(*)</u>
	Total Payments Listed (column totals added)		⊠ <u>\$2</u> ,	347,50	00(*)
(*)	Includes non-cash consideration for services rendered to the issuer having a value in the amount of \$18	7,500			
	D. FEDERAL SIGNATURE				
an 1	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its sonon-accredited investor pursuant to paragraph (b)(2) of Rule 502.				
lssu	er (Print or Type) Signature Date		,		
Ne	oVista, Inc.	4/ 2	29/03		
Nat	ne of Signer (Print or Type) Title of Signer (Print or Type)	•			
	1				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)